BUREAU OF JUVENILE JUSTICE - FEDERAL GRANTS UNIT MICHIGAN DEPARTMENT OF HUMAN SERVICES

MONTHLY JUVENILE SUMMARY - MUNICIPAL LOCKED FACILITY

1. FACILITY NAM	ME AND ADDE	RESS:			2. REPORT MONTH/YEAR				
					PAGE OF				
3. INITIALS OR CASE NO.	4. DATE OF BIRTH	5. SEX (M/F)	6. RACE		OST SERIOUS FENSE		TE AND TIME CKED	9. DATE AND TIME RELEASED	
PERSON COMPLETING REPORT TI				TITLI	E	<u> </u>	TELEPHONE	TELEPHONE	
SIGNATURE							DATE		